

Media Report 11 Feb 2022

This weeks media reports will cover and answer great questions veterans are still asking such as Frequently asked questions regarding COVID-19 in Ottawa. Due to ongoing and evolving COVID-19 pandemic callers may experience increased wait times when calling the Government of Canada Pension Center. Callers may also experience dropped calls, as all telecommunication networks across Canada are presently facing capacity challenges. and local Media Articles and An illness or injury can have an impact on your ability to adjust to life after service. We all need healthcare services. The Treatment benefits program provides coverage for a variety of benefits and services to help you get—and stay healthy. Have you made an application for disability benefits from Veterans Affairs Canada and received a decision? If you disagree with that decision, you have the right to review or appel

IN THE NEWS

[They deserve our respect': New project chronicles sacrifices of Black Canadian veterans](#)

[La Lettonie espère que le Canada prolongera sa présence militaire](#)

[Canadian Defense Minister to visit Ukraine as Canada extends military training](#)

[Canada relocated its military trainers in Ukraine in response to fears of Russian invasion](#)

[Opération Vector : l'armée canadienne soutient la vaccination](#)

[Kingston city council to be asked to support call for review of soldier's medal](#)

[Critical but little-known piece of Canada's military history is the focus of garden planned for Langley](#)

[DARPA is building a portable atomic clock with trillionth of a second accuracy](#)

[Canadian Army Reserve training in Whitestone Jan. 28-30](#)

[Women are a growing group of Canadian military veterans, but services are lagging](#)

[Ottawa enquête sur une cyberattaque contre Affaires mondiales Canada](#)

[Locals raising funds to help Squamish veteran who lives in his car](#)

[Ottawa élargit une opération de formation militaire en Ukraine](#)

[Maj.-Gen. Dany Fortin opts for trial by Quebec judge only in sexual assault case](#)

New year, new resources!

Each month, Salute! provides news about:

- benefits and services available to Veterans and their families and tips on accessing them;
- remembrance and commemoration activities in Canada and abroad; and
- other events, including public discussions.

You will also see stories about today's Veterans, their challenges and successes, and how they contribute to their communities after leaving the military.

In this edition:

- [Thank you for your input on accessibility](#)
- [Coverage for mental health services coming soon](#)
- [Let's talk about mental health](#)
- [New year, new resources to help you manage your mental health](#)
- [Launch of the Dementia Strategic Fund](#)
- [Powers of attorney can now use My VAC Account](#)
- [Send a valentine to a Canadian Veteran](#)
- [Now hiring: Vimy and Beaumont-Hamel monument student guides](#)
- [Veteran story: Bruno Guevremont —Changing mind, changing self](#)
- [Happy New Year!](#)

Please share Salute! with your friends and contacts so they can keep up on issues that matter to Veterans and their families. Let us know what you think about Salute! by [emailing us](#). Learn more about [Salute!](#).

February 02 2022

Dear Subscriber,

We are sending this notice to

**remind you the Canadian
government introduced the
Digital News Subscription Tax**

Credit that Ottawa Citizen subscribers can claim on their personal income tax and benefit return from the years 2021 to 2024.

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Sincerely,

Subscriber Services Team

Thank you Matt

NATO NEWS AND THOUGHTS

[From SHELLDRAKE] 11

February 2022

COMMENT from the NVOC National

President: We once could travel (circa 1980)

throughout NATO using NATO Travel Orders.

Not anymore. The UK can not overfly German

airspace with aircraft delivering military aid to

the Ukraine – they have to fly over airspace

north of Germany.

NATO Secretary General addresses Russia's

military build-up in and around Ukraine with

UK Prime Minister Johnson

NATO Secretary General Jens Stoltenberg

welcomed Prime Minister of the United Kingdom,

Boris Johnson, at NATO headquarters, (10 February 2022). The two leaders addressed Russia's military build-up in and around Ukraine. The Secretary General said "*this is a dangerous moment for European security. The number of Russian forces is going up. The warning time for a possible attack is going down*". He underlined that while NATO is prepared for the worst, it is still committed to finding a political solution. He reiterated once again his invitation to Russia to continue dialogue in a series of meetings in the NATO-Russia Council. At the same time, the Secretary General emphasized that NATO will not compromise on core principles: the right of each nation to choose its own path and NATO's ability to protect and defend all Allies.

The Secretary General praised the leading role the UK is playing, delivering both diplomatically and militarily. He welcomed UK's offer of more troops, ships and planes to NATO, which is a clear demonstration of Allied solidarity in action. He also welcomed Prime Minister Johnson's recent contact with President Putin, and the visit of Foreign Secretary Truss to Moscow.

The Secretary General announced that at next week's meeting of NATO Defence Ministers, the Allies will assess options to further strengthen Allied security, which includes the possibility of additional battlegroups in the south-eastern part of the Alliance. "*Renewed Russian aggression will lead to more NATO presence, not less*", he added.

NATO Secretary General outlines NATO's response to renewed tensions in Europe 28 Jan. 2022

Secretary General Jens Stoltenberg today reiterated that NATO is the most successful Alliance in history, because Allies have remained united and because NATO has been able to adapt. That is exactly what NATO is doing today in the face of renewed tensions in Europe resulting from Russia's significant and unprovoked military build-up in and around Ukraine.

In a more unpredictable, more dangerous world it is even more important that NATO Allies stand together and build strong institutions like NATO, Mr Stoltenberg said. "*NATO is the foundation for*

peace and stability” in this part of the world, and NATO will continue to work hard to engage in dialogue with Russia and find a political solution to the current tensions.

The Secretary General made his remarks at an online discussion hosted by the Atlantic Council.

Visit to NATO by the Minister of National Defence of Canada 01 Feb. 2022

Defence Minister Anita Anand met North Atlantic Treaty Organization (NATO) Secretary General Jens Stoltenberg and reaffirmed Canada's unwavering commitment to the Alliance and the rules-based international order.

Minister Anand discussed her two-day trip to Ukraine and emphasized Canada's support for the country's sovereignty, territorial integrity, and independence. She and Secretary General Stoltenberg expressed their deep concern about the continuing Russian military buildup in and around Ukraine and underscored the importance of continued coordination and collaboration among NATO Allies in the face of the current security environment. They also agreed on the importance of continuing to provide strong political and practical support to Ukraine, including through Canada's Operation UNIFIER, which was recently extended and expanded until the end of March 2025, and is helping Ukraine move towards greater NATO interoperability.

During the meeting, Minister Anand and Secretary General Stoltenberg also discussed the priorities for the upcoming Defence Ministers' Meeting, ways to strengthen NATO's deterrence and defence posture and Canada's ongoing work to establish and host a **NATO Centre of Excellence on Climate and Security**.

Canada will continue to enhance its relationships with NATO Allies and partners in order to collectively address threats in the rapidly evolving security environment, and to help build a stronger and more resilient Alliance.

Minister Anand's bilateral meeting in Brussels is part of her first official foreign trip as Minister of National Defence. It comes after a two-day visit to Ukraine where she met with her Ukrainian counterpart and members of the CAF deployed on Operation UNIFIER. The Minister will now travel to Latvia to meet with counterparts and

CAF personnel deployed on Operation REASSURANCE where she will continue to work with Allies to support the security and stability of Central and Eastern Europe.

Thank you Randy

Here's the latest 'Salute' from VAC, for any of you who haven't subscribed In this edition:

- Black History Month
- Remembering Private Mark Graham
- VAC wants your opinion
- Veteran and Family Well-Being Fund announces support for more programs
- Job opportunities for Veterans, transitioning CAF members or serving reservists
- Helping military spouses find jobs
- New supports for Veterans who experienced sexual misconduct
- Veteran story: Laurie White
- Check in on your well-being

Commemoration

February is Black History Month

Black Canadian soldiers during the Second World War. (Photo: VAC)

Black Canadians have proudly served in uniform for more than 200 years. Many overcame barriers to enlist and faced discrimination in the ranks, yet still put their lives on the line for Canada. This month and all year long, we honour their sacrifices.

Throughout Black History Month, we encourage you to [learn more](#) about the contributions of Black Veterans and service members throughout history.

Discover inspiring stories, like those of Second World War Veteran Eleanor 'Minnie' Gray, Sergeant (Retired) Bill Toussaint and Sergeant (Retired) Joan Buchanan, on [our website](#) and on social media. Join the conversation using the hashtag #BlackHistoryMonth.

Remembering Private Mark Graham

Private Mark Graham was an outstanding athlete and soldier.

A world-class runner, he represented Canada at the 1992 Summer Olympic Games, where he competed in the 4 x 400 metre relay.

More than a decade later, he joined the Canadian Armed Forces to serve his country. He deployed to Afghanistan with the Royal Canadian Regiment, where his comrades described him as an excellent role model.

His life was sadly cut short in September 2006, when he was killed in a friendly fire incident in Kandahar Province. Learn more about his service and sacrifice on our [People and Stories webpage](#).

Discover [more inspiring stories](#) during Black History Month.

Engagement

VAC wants your opinion

We need your help reaching Veterans who do not receive VAC benefits and services. We're surveying the Veteran community on how they learn about and access our programs and services. We're looking for Veterans, Canadian Armed Forces (CAF) members, former RCMP members, family members and caregivers. Even if you have never contacted VAC or do not currently receive VAC benefits and services, we want to hear from you. This feedback will help us reach and serve more Veterans.

We are also reaching out to Veterans who are, or have been, served by the Department. These names are being taken from a random sample.

The survey will take about 15 minutes to complete. It is being conducted on our behalf by the independent Canadian research firm, EKOS Research Associates Inc.

Please visit the [EKOS Research website](#) for more information and to participate.

Participation is voluntary and your responses and personal information are confidential in accordance with the [Privacy Act](#). Your responses are anonymous; they are not kept or shared with VAC, and will not have any impact on the benefits or services you receive or may receive in the future.

This public opinion research study expands upon earlier consultations we did with the Veteran community into the topics of awareness and outreach related to our programs and services.

We kindly ask that you share this information with your network.

Thank you for your assistance!

Programs and services

Veteran and Family Well-Being Fund announces more resources for programs

Thirty-six organizations will receive a total of \$11.3 million from the [Veteran and Family Well-Being Fund](#), thanks to additional investments in Budget 2021.

Four virtual events in January announced funding for 10 programs:

- [Serene View Ranch](#) of Alexandra, PEI, will receive \$400,000 to develop a stabilization, grounding and resiliency program for Indigenous and women Veterans.
- The [Lest We Forget Community Veterans Committee](#) in Summerside, PEI, will receive \$400,000 to improve the economic security of women and LGBTQ2 Veterans in PEI.
- [Helmets to Hardhats](#) of Ottawa will receive \$700,000 to assist women and LGBTQ2 Veterans in skilled trades careers.
- The [Ottawa Innerscity Ministries](#) will receive \$175,000 to fund their Operation Inclusion Project.
- [Perley Health](#) in Ottawa will receive

\$131,050 to fund a project that will gain a better understanding of older Veteran and family health and well-being over time.

- [Clinemetrica Inc.](#) in Montreal, will receive \$500,000 toward their Push Past the Pandemic Recovery Program, an online health promotion program.
- The [Quebec Veterans Foundation](#) will receive \$200,000 for *Programme des vétéranes*, which aims to reduce the rate of isolation and suicide among women Veterans.
- [Morrow Consulting and Training Inc.](#) located in Dorval, QC, will receive \$80,000 towards the A.T.H.E.N.A. Program, which aims to improve the health and well-being of women Veterans.
- The [Veterans Association Food Bank](#) in Calgary will receive \$210,000 to develop new programming to support LGBTQ2 Veterans as well as survivors of military sexual trauma.
- [Homes for Heroes Foundation](#) will receive \$250,00 to support Calgary Veterans Village: a unique, affordable and innovative urban village to house Veterans during their transition back to life after service.

There will be more events to come. In the meantime, you can find the full list of recipients on our [web page](#).

Helmets to Hardhats job opportunities

If you're looking for a career where you can help other Veterans, this might be the opportunity you've been waiting for. [Helmets to Hardhats \(H2H\)](#) is looking to hire two people—Veterans, transitioning CAF members, or serving reservists—for full-time term Recruitment Specialist

positions.

If hired, your focus would be on creating and implementing recruitment strategies for women and LGBTQ2+ Veterans who are transitioning to a career in trades. You would also be developing skilled trade packages for clients and Veteran organizations across Canada and providing transition counselling and support services. Some of the skills needed for these positions are:

- a strong knowledge of the LGBTQ+ community and the Women in Trades programs
- the ability to build relationships with stakeholders, including Board members and external partners, and
- discretion in handling sensitive or confidential matters.

Knowledge of the Canadian Veteran community, experience in non-profit organizations and being bilingual would be assets. **Closing date: 18 February 2022.**

H2H is a registered not for profit organization providing opportunities in the construction and related industries for Veterans and is collaborating with the Rainbow Veterans of Canada on this initiative. For more information, visit the [job posting](#).

Helping military spouses find jobs

Relocating military members can be hard on their spouses, who might need to find a new job. The Department of National Defence's Military Spouse Employment Initiative (MSEI) supports spouses and common-law partners to find employment in the federal public service.

The MSEI has recently expanded by adding new kinds of jobs, which are accessible to hiring managers from Government of Canada departments and agencies. These include:

- information management
- programming and development
- health services, including nurses, psychologists and social workers
- communications and public relations
- office administration
- social science services
- human resources.

If you are a military spouse or a common-law partner looking for employment, we encourage you to [apply today](#).

For more information, visit the [Military Spouse Employment Initiative website](#).

New supports for Veterans who experienced sexual misconduct during service

Veterans who experienced sexual misconduct during service can now access support from the [Sexual Misconduct Response Centre \(SMRC\)](#).

Individuals can call the Response and Support line 24/7, toll-free at 1-844-750-1648 to speak to an SMRC counsellor. These support counsellors will:

- explain how the centre can help
- provide supportive counselling and guidance
- describe available options
- facilitate referrals to CAF, provincial, territorial and community-based support resources
- devote the necessary time and attention to every conversation.

Veterans can also get continuing support and assistance from a dedicated Response and Support Program coordinator. This person can provide personal services that may include:

- information and referrals to resources and services
- advocacy to help you meet your needs
- accompaniment to appointments,

- meetings and proceedings
- assistance with workplace arrangements.

Callers can choose to remain anonymous, and counselling is available in either English or French.

For more information, please visit the SMRC [website](#).

Veteran story: Laurie White Former Mountie writes her memoir to offer hope

Former RCMP officer Laurie White shared her story in a book, *10-33: An Officer Down Steps Back Up*.

Laurie White is a former member of the Royal Canadian Mounted Police with a powerful story to tell.

So she told it, in a book. *10-33: An Officer Down Steps Back Up* is Laurie White's story about her journey: the hard work she did after losing a leg in the line of duty to return to her RCMP career, her community and herself.

Laurie shared her story to show the person behind the uniform, to increase awareness, empathy and compassion for the physical and mental health challenges of disabilities, and to offer hope.

[Read the full story of Laurie's injury and journey back to her career.](#)

My VAC Account Check in on your well-being

Many know that health is an important part of well-being. But did you know that it is just one of [seven domains of well-being](#)? You don't have to take care of your well-being alone. Supports are available to assist.

If you are a current or former member of the CAF or RCMP, the new My Well-being Check-in Tool can help you gauge your overall well-being, identify where you may need support, and learn about specific services and benefits that may help you. So, how does it work?

- Access the My Well-being Check-in Tool by logging into [My VAC Account](#), and answer eight quick questions.
- Based on your answers, the tool will identify where you may need support and generate a list of suggested actions.
- If your responses show you need support, it will direct you to contact VAC, the CAF or the RCMP to discuss your results. If you do, be sure to advise that you have completed the My Well-Being Check-In Tool, since you're the only person who can see your responses and recommendations.

Visit your [My VAC Account](#) to learn more and check out the My Well-being Check-in Tool today.

Do you know other Veterans, family members or others who would benefit from the information in this newsletter? Feel free to share it with them.

Thank you Percy

Visual Impairment

This chapter provides criteria for assessing permanent impairment from entitled conditions which result in loss of visual acuity, a visual field defect or other miscellaneous condition(s) of the eye.

Introduction

Impairment from malignant conditions of the eye is rated within [Chapter 18](#), Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains three "Loss of Function", one "Other Impairment" table and two figures which may be used to rate

entitled visual conditions.
The tables within this chapter are:

Table	Loss of Function	Other Impairment
Table 8.1	Loss of Function - Visual Acuity	This table is used to rate impairment from loss of visual acuity.
Table 8.2	Loss of Function - Visual Field	This table is used to rate impairment from loss of visual field.
Table 8.3	Loss of Function - Miscellaneous Visual	This table is used to rate impairment from miscellaneous visual conditions.
Table 8.4	Other Impairment - Ocular	This table is used to rate impairment from ocular conditions.
Figure 8A	Esterman Grid - Left Eye	This figure is used to rate impairment from visual field loss in the left eye.
Figure 8B	Esterman Grid - Right Eye	This figure is used to rate impairment from visual field loss in the right eye.

Visual Acuity

[Table 8.1](#) is used to rate impairment from eye conditions which result in a loss of visual acuity.

Visual acuity describes the ability of the eye to perceive details in the environment.

Visual acuity is measured for near and distance but for the purposes of [Table 8.1](#) and for further discussion in this Chapter, visual acuity will refer **only** to best corrected distance acuity. This is measured when wearing glasses or contact lenses, if required. No additional rating is given for wearing corrective lenses. All visual acuity within the chapter will be expressed in *Snellen Notation* (i.e. 6/6; 20/20).

A chart for converting Snellen Notation from metric to standard measurement is

found with [Table 8.1](#).

Visual acuity at the 20/200 level is sometimes referred to as "*legal blindness*". This term is a misnomer because ninety percent of persons who are said to be "legally blind" are not totally blind, but have what should be described as *severe vision loss*.

Normal vision is a *binocular* function meaning that both eyes contribute to the function of sight. If an entitled condition affects only one eye the visual impairment is said to be *monocular*. However, for the purposes of assessment in this Table, all visual impairments are expressed in terms of binocular visual impairment by assuming the vision in the non-entitled eye is normal (i.e. 6/6 or 20/20).

Impairment of entitled amblyopia is rated on the best corrected distance visual acuity at service discharge.

A medical impairment of 35 is given for enucleation of the eye. A medical impairment of 26 for the total loss of vision in the eye and a medical impairment of 9 for the loss of the eye.

Visual Field

[Table 8.2](#) is used to rate impairment from eye conditions which result in loss of visual field.

Visual field testing measures the functional ability of the eye to detect objects in the periphery of the visual environment. Visual fields can be affected in entitled conditions such as glaucoma, optic atrophy, retrobulbar neuritis, and retinitis pigmentosa.

Clinically, most field tests are limited to the central 30 degrees of vision as this is the most important area for diagnostic purposes. For VAC pension/award purposes, this may disadvantage certain Members/Veterans/Clients. Whenever possible, a 60 degree visual field test will be used.

The preferred method for measuring visual field defects is the Esterman Monocular Functional Test. This test determines a result which corresponds to the monocular field loss assessment. Other manual or automated field tests may be used (e.g. Goldman Visual Field Plots, Bjerrum Screen, Allergan Humphrey Computerized Method or Tangent Screen Testing).

- If the field has been defined by a manual method such as a Bjerrum screen with a 5/1000 white target or a Humphrey bowl at 10dB or less, a transparency of the Esterman grid is placed over the map of the visual field. Those dots that fall wholly or partially within the area of field loss are counted, and the number of dots so counted is to be taken as the monocular assessment for the field loss of that eye.
- If the field has been defined by the Humphrey computerized method, a pseudoisopter is drawn to include all dots of intensity of 10dB or less. A transparency of an appropriate Esterman grid is placed over the area and all dots which fall wholly or partially within the area of the visual field loss are counted. The number of dots so counted is the monocular assessment of the field loss of that eye.
- If a Kinetic Goldman Visual Field Test is used, the isopter produced by the III - 4e stimulus is used to determine the visual field loss. Using an appropriate Esterman grid that covers exactly the central 60 degrees of the Goldman Field, count the dots within the area that represents the visual field loss. The number of counted dots is the monocular field loss

assessment for that eye.

If a method other than those identified above is used to determine visual field loss, the case will be rated on individual merits.

Loss of Function - Visual Acuity

[Table 8.1](#) is used to rate impairment where the loss of function relates to visual acuity. Only one rating may be selected. If more than one rating is applicable the ratings are **compared** and the **highest** selected.

If more than one condition with visual acuity effects is to be rated from [Table 8.1](#), the conditions are bracketed for assessment purposes.

When **both** eyes have an entitled decrease in visual acuity, the monocular visual acuity rating for the **better** eye is plotted on the horizontal axis and the monocular visual acuity rating for the **worse** eye is plotted on the vertical axis of [Table 8.1](#). The value at the intersection point is the binocular visual acuity impairment rating.

When only **one** eye has an entitled decrease in visual acuity, the monocular visual acuity rating in that eye is converted to a binocular visual acuity rating using [Table 8.1](#). The monocular visual acuity rating for the non-entitled eye is assumed to be normal (i.e. "6/6" or "20/20") even if there is a loss of visual acuity in that eye. This value is plotted along the horizontal axis of [Table 8.1](#). The monocular visual acuity rating for the entitled eye is plotted on [Table 8.1](#) along the vertical axis. The value at the intersection point is the binocular visual acuity impairment rating.

When entitled visual acuity conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Visual Field

[Table 8.2](#) is used to rate impairment where the loss of function relates to visual field.

Only one rating may be selected. If more than one rating is applicable the ratings are **compared** and the **highest** selected.

If more than one condition with visual field effects is to be rated from [Table 8.2](#), the conditions are bracketed for assessment purposes.

When **both** eyes have an entitled decrease in visual field, the monocular field loss assessment for the **better** eye is plotted on the horizontal axis and the monocular field loss assessment for the **worse** eye is plotted on the vertical axis of [Table 8.2](#).

The value at the intersection point is the binocular visual field impairment rating.

When only **one** eye has an entitled decrease in visual field, the monocular field loss assessment for that eye is converted to a binocular visual field rating using [Table 8.2](#). The monocular field loss assessment for the non-entitled eye is assumed to be normal (i.e. "0") even if there is a loss of visual field in that eye. This value is plotted along the horizontal axis of [Table 8.2](#). The monocular field loss assessment for the entitled eye is plotted on [Table 8.2](#) along the vertical axis. The value at the intersection point is the binocular visual field impairment rating.

When entitled visual field conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting

impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Loss of Function - Miscellaneous Visual

[Table 8.3](#) is used to rate impairment from miscellaneous eye conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

When entitled miscellaneous visual conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Other Impairment - Ocular

[Table 8.4](#) is used to rate impairment from ocular conditions. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

Any impairment for disfigurement caused by enucleation is included in the impairment rating. No additional impairment rating is considered from the [Chapter 22](#), Skin Impairment.

When entitled ocular conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the PCT must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

Table 8.1 - Loss of Function - Visual Activity

[PDF Version](#)

When **both** eyes have an entitled decrease in visual acuity, the monocular visual acuity rating for the **better** eye is plotted on the horizontal axis and the monocular visual acuity rating for the **worse** eye is plotted on the vertical axis of Table 8.1. The value at the intersection point is the binocular visual acuity impairment rating.

When only **one** eye has an entitled decrease in visual acuity, the monocular visual acuity rating in that eye is converted to a binocular visual acuity rating using Table 8.1. The monocular visual acuity rating for the non-entitled eye is assumed to be normal (i.e. "6/6" or "20/20") even if there is a loss of visual acuity in that eye. This value is plotted along the horizontal axis of Table 8.1. The monocular visual acuity rating for the entitled eye is plotted on Table 8.1 along the vertical axis. The value at the intersection point is the binocular visual acuity impairment rating.

Steps to Determine Visual Acuity Assessment

- Step 1: Determine the rating from [Table 8.1](#) (Loss of Function - Visual Acuity).
 - Plot the monocular visual acuity loss for the worse eye along the vertical axis.
 - Plot the monocular visual acuity loss for the better eye along the horizontal axis.

The point of intersection of the two axis indicates the binocular visual acuity impairment.

Note: If only one eye is entitled or if only one eye has a visual acuity impairment then the monocular impairment for the second eye is determined to be normal (i.e. 6/6 or 20/20) even if there is a loss of visual acuity in that eye.

- Step 2: Does the Partially Contributing Table apply? If **yes**, apply to the rating at Step 1.
 - Step 3: Determine the Quality of Life rating.
 - Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to the rating at Step 4. This is the Disability Assessment.

Table 8.2 - Loss of Function - Visual Field

[PDF Version](#)

When both eyes have an entitled decrease in visual field, the monocular field loss assessment for the better eye is plotted on the horizontal axis and the monocular field loss assessment for the worse eye is plotted on the vertical axis of Table 8.2.

The value at the intersection point is the binocular visual field impairment rating.

When only one eye has an entitled decrease in visual field, the monocular field loss assessment for that eye is converted to a binocular visual field rating using **Table 8.2**. The monocular field loss assessment for the non-entitled eye is assumed to be normal (i.e. "0") even if there is a loss of visual field in that eye. This value is plotted along the horizontal axis of Table 8.2. The monocular field loss assessment for the entitled eye is plotted on Table 8.2 along the vertical axis. The value at the intersection point is the binocular visual field impairment rating.

Central scotoma is rated on individual merits.

Steps to Determine Visual Field Assessment

- Step 1: Determine the rating from [Table 8.2](#) (Loss of Function - Visual Field).
 - Plot the monocular visual field loss for the worse eye along the vertical axis.
 - Plot the monocular visual field loss for the better eye along the horizontal axis.

The point of intersection of the two axis indicates the binocular visual field impairment.

Note: If only one eye is entitled or if only one eye has a visual field impairment then the monocular impairment for the second eye is determined to be normal (i.e. "0") *even if there is a loss of visual field in that eye.*

- Step 2: Does the Partially Contributing Table apply? If **yes**, apply to the rating at Step 1.
 - Step 3: Determine the Quality of Life rating.
 - Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to the rating at Step 4. This is the Disability Assessment.

Table 8.3 - Loss of Function - Miscellaneous

Only one rating may be given for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are **compared** and the **highest** selected.

In order for a rating to be established, all criteria designated at that rating level must be met.

Table 8.3 - Loss of Function - Miscellaneous

Visual Disturbance Criteria	Rating
Nystagmus without diplopia	0
Cataract with no loss of visual acuity	0
Glaucoma (unilateral or bilateral) without loss of visual fields	2
Bilateral or Unilateral intraocular lens	0
Bilateral aphakia	5
Unilateral aphakia	10
Diplopia* one direction of sideways gaze	10
Diplopia* all directions of upward gaze	10
Diplopia* all directions of downward gaze	15
Diplopia* both directions of sideways gaze	15
Diplopia* all directions of gaze	25

* Diplopia in the above table refers to a diplopia that is not fully correctable with prism.

Table 8.4 - Other Impairment - Ocular

One rating is selected from Table 8.4 for each entitled condition. If more than one rating is applicable, the ratings are compared and the highest rating is selected as the Table 8.4 rating.

Each bullet (•) represents one criterion. In order for a rating to be established, all criteria designated at that rating level must be met.

Table 8.4 - Other Impairment - Ocular

Rating	Criteria
Nil	<ul style="list-style-type: none"> • Occasional conjunctivitis (less than 6 episodes per year); or • Pterygium (non-operated).
Two	<ul style="list-style-type: none"> • Intermittent conjunctivitis (6 or more episodes per year); or • Pterygium, reoccurring or needing operative intervention; or

- Proptosis (exophthalmos) unilateral or bilateral.
- Constant but mild irritation of eyes resulting in symptoms and signs. (e.g. chronic conjunctivitis or blepharconjunctivitis, persistent photophobia, epiphora); **or**
- Four • Disorder resulting in dry eyes necessitating regular, daily use of eye drops (dry eye syndrome); **or**
- Uncorrected ectropion or entropion; **or**
- Ptosis or tarsorrhaphy resulting in continuous partial closure of eye.
- Nine • Symptoms and signs of severe eye irritation present all the time.

Steps to Determine Miscellaneous Visual and Ocular Assessment

- Step 1: Determine the rating from [Table 8.3](#) (Loss of Function - Miscellaneous).
- Step 2: Does the Partially Contributing Table apply? If yes, apply to the rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment for miscellaneous conditions of the eye.

- Step 6: Determine the rating from [Table 8.4](#) (Other Impairment - Ocular).
- Step 7: Does the Partially Contributing Table apply? If yes, apply to the rating at Step 1.
- Step 8: Determine the Quality of Life rating.
- Step 9: Add the ratings at Step 2 and Step 3.
- Step 10: If partial entitlement exists, apply to the rating at Step 4.

This is the Disability Assessment for ocular conditions.

Figure 8A - Esterman Grid: Left Eye